

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

10/552473

FILING DATE

APPLICANT(S)

**CLAIMS**

missing →

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14	/						64						
15		/					65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20		/					70						
21			/				71						
22			/				72						
23			/				73						
24			/				74						
25		/					75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32		/					82						
33			/				83						
34			/				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18		14				TOTAL CLAIMS						